MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017681
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4333

FILED MAY 2 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST.LOUIS
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Stone Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St.Louis
c. CITY OR TOWN: Brentwood
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8646 Rosalie Ave
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Hannah Middle B. Last Gruttke.

4. DATE OF DEATH: Month, Day, Year: April 18, 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-9-1911
9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Comptometer Operator, for
10b. KIND OF BUSINESS OR INDUSTRY: A. & P.Grocery Co.
11. BIRTHPLACE (City and state or country): Springfield, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: T. Robert Bromley
13b. MOTHER'S MAIDEN NAME: Marietta Cahill
14. NAME OF HUSBAND OR WIFE: William F. Gruttke.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates o...)
16. SOCIAL SECURITY NO. ...31
17. INFORMANT: William B. Gruttke, 8646 Rosalie Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause p...)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Glioblastoma multiforme — INTERVAL BETWEEN ONSET AND DEATH: ~6-12 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 193.9

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Terminal bronchopneumonia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 1 to April 18, 1963 and last saw him alive on April 12, 1963
Death occurred at 4:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John D Vavra M.D.
22b. ADDRESS: 440 Melville, U.City 30
22c. DATE SIGNED: 4/18/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4/20/1963
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Lupton Chapel; 7233 Delmar Blvd;
25. DATE RECD. BY LOCAL REG.: APR 19 1963
26. REGISTRAR'S SIGNATURE: Joan Smith, M.D.

Dr. John Vavra (not listed) House Dr.
associated McMillan Hospital

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.